

MEDIATOR REGISTRY

APPLICATION TO BE PLACED ON THE INDIANA COMMISSION FOR CONTINUING LEGAL EDUCATION REGISTRY OF APPROVED COURT MEDIATORS

Please Print Clearly or Type: If registering as a team, individual applications must be completed for each member of the team. Each application must include payment of \$25.00 per area (Civil or Domestic) per listing (individual or team) made payable to the "Continuing Legal Education Fund." No fee is required of inactive mediators or full-time judges who will not be mediating, but who wish to be shown on the Registry.

Return Completed Application and Fee To: Indiana Commission for Continuing Legal Education
 115 West Washington, Suite 1065
 Indianapolis, IN 46204-3417
 Attention: Mediator Registry

 Phone: (317) 232-1943

 Web Address: www.in.gov/judiciary/cle

***Check Enclosed:**
 \$ 25 Civil Individual
 \$ 25 Civil Team
 \$ 25 Domestic Indiv.
 \$ 25 Domestic Team

 _____ Total Amount Paid

BUSINESS INFORMATION

INDIVIDUAL NAME :	ATTORNEY OR MEDIATOR #
DATE OF BIRTH:	SOCIAL SECURITY NUMBER #
TEAM NAME:	
BUSINESS NAME (IF DIFFERENT FROM TEAM NAME):	
BUSINESS ADDRESS:	
ZIP CODE:	
TELEPHONE: ()	FAX: ()
E MAIL ADDRESS:	

HOME INFORMATION

HOME ADDRESS:	
ZIP CODE:	
TELEPHONE: ()	FAX: ()

LIST THE FOLLOWING ON REGISTRY: (Check all that apply)

_____ BUSINESS INFORMATION ONLY

_____ BUSINESS AND HOME INFORMATION

* I am registering as a team member only	YES	NO
* I am registering as an individual only	YES	NO
* I am registering as a team member and as an individual	YES	NO
* I am registering as an inactive mediator (not currently mediating) in the following areas (no fee required, will appear as inactive):	CIVIL	DOMESTIC RELATIONS
Are you a full-time judge? (no fee required, will appear as inactive)	YES	NO

I. DOMESTIC RELATIONS

I wish to be listed as a Domestic Relations Mediator YES NO

Number of Domestic Relations cases mediated _____ Hourly rate _____

Are you willing to travel to the parties? YES NO

Are you bilingual (including sign language)? YES NO List Languages _____

II. DOMESTIC RELATIONS MEDIATOR ISSUES

Instructions: The issues in which you choose to mediate will be listed on the Registry of Mediators. Please check all that apply.

<input type="checkbox"/> ALL	<input type="checkbox"/> Child Support
<input type="checkbox"/> Visitation	<input type="checkbox"/> Paternity
<input type="checkbox"/> Custody	<input type="checkbox"/> All Divorce Issues
<input type="checkbox"/> Property Distribution	<input type="checkbox"/> All Children Issues

III. DOMESTIC RELATIONS MEDIATOR CHOICE OF LOCATIONS

Instructions: The Counties or Judicial Districts in which you choose to mediate will be listed on the Registry of Mediators. Please choose any or all of the following:

<input type="checkbox"/> ALL	<input type="checkbox"/> DISTRICT 5	<input type="checkbox"/> DISTRICT 10
<input type="checkbox"/> DISTRICT 1	<input type="checkbox"/> Cass	<input type="checkbox"/> Greene
<input type="checkbox"/> <input type="checkbox"/> Jasper	<input type="checkbox"/> Fulton	<input type="checkbox"/> Lawrence
<input type="checkbox"/> <input type="checkbox"/> Lake	<input type="checkbox"/> Howard	<input type="checkbox"/> Monroe
<input type="checkbox"/> <input type="checkbox"/> LaPorte	<input type="checkbox"/> Miami	<input type="checkbox"/> Owen
<input type="checkbox"/> <input type="checkbox"/> Newton	<input type="checkbox"/> Tipton	
<input type="checkbox"/> <input type="checkbox"/> Porter	<input type="checkbox"/> Wabash	<input type="checkbox"/> DISTRICT 11
<input type="checkbox"/> <input type="checkbox"/> Pulaski	<input type="checkbox"/> DISTRICT 6	<input type="checkbox"/> Bartholomew
<input type="checkbox"/> <input type="checkbox"/> Starke	<input type="checkbox"/> Blackford	<input type="checkbox"/> Brown
<input type="checkbox"/> DISTRICT 2	<input type="checkbox"/> Delaware	<input type="checkbox"/> Decatur
<input type="checkbox"/> <input type="checkbox"/> Elkhart	<input type="checkbox"/> Grant	<input type="checkbox"/> Jackson
<input type="checkbox"/> <input type="checkbox"/> Kosciusko	<input type="checkbox"/> Henry	<input type="checkbox"/> Jennings
<input type="checkbox"/> <input type="checkbox"/> Marshall	<input type="checkbox"/> Jay	<input type="checkbox"/> DISTRICT 12
<input type="checkbox"/> <input type="checkbox"/> St. Joseph	<input type="checkbox"/> Madison	<input type="checkbox"/> Dearborn
<input type="checkbox"/> DISTRICT 3	<input type="checkbox"/> Randolph	<input type="checkbox"/> Jefferson
<input type="checkbox"/> <input type="checkbox"/> Adams	<input type="checkbox"/> DISTRICT 7	<input type="checkbox"/> Ohio
<input type="checkbox"/> <input type="checkbox"/> Allen	<input type="checkbox"/> Clay	<input type="checkbox"/> Ripley
<input type="checkbox"/> <input type="checkbox"/> DeKalb	<input type="checkbox"/> Parke	<input type="checkbox"/> Switzerland
<input type="checkbox"/> <input type="checkbox"/> Huntington	<input type="checkbox"/> Putnam	<input type="checkbox"/> DISTRICT 13
<input type="checkbox"/> <input type="checkbox"/> LaGrange	<input type="checkbox"/> Sullivan	<input type="checkbox"/> Daviess
<input type="checkbox"/> <input type="checkbox"/> Noble	<input type="checkbox"/> Vermillion	<input type="checkbox"/> Dubois
<input type="checkbox"/> <input type="checkbox"/> Steuben	<input type="checkbox"/> Vigo	<input type="checkbox"/> Gibson
<input type="checkbox"/> <input type="checkbox"/> Wells	<input type="checkbox"/> DISTRICT 8	<input type="checkbox"/> Knox
<input type="checkbox"/> <input type="checkbox"/> Whitley	<input type="checkbox"/> Boone	<input type="checkbox"/> Martin
<input type="checkbox"/> DISTRICT 4	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Perry
<input type="checkbox"/> <input type="checkbox"/> Benton	<input type="checkbox"/> Hancock	<input type="checkbox"/> Pike
<input type="checkbox"/> <input type="checkbox"/> Carroll	<input type="checkbox"/> Hendricks	<input type="checkbox"/> Posey
<input type="checkbox"/> <input type="checkbox"/> Clinton	<input type="checkbox"/> Johnson	<input type="checkbox"/> Spencer
<input type="checkbox"/> <input type="checkbox"/> Fountain	<input type="checkbox"/> Marion	<input type="checkbox"/> Vanderburgh
<input type="checkbox"/> <input type="checkbox"/> Montgomery	<input type="checkbox"/> Morgan	<input type="checkbox"/> Warrick
<input type="checkbox"/> <input type="checkbox"/> Tippecanoe	<input type="checkbox"/> Shelby	<input type="checkbox"/> DISTRICT 14
<input type="checkbox"/> <input type="checkbox"/> Warren	<input type="checkbox"/> DISTRICT 9	<input type="checkbox"/> Clark
<input type="checkbox"/> <input type="checkbox"/> White	<input type="checkbox"/> Fayette	<input type="checkbox"/> Crawford
	<input type="checkbox"/> Franklin	<input type="checkbox"/> Floyd
	<input type="checkbox"/> Rush	<input type="checkbox"/> Harrison
	<input type="checkbox"/> Union	<input type="checkbox"/> Orange
	<input type="checkbox"/> Wayne	<input type="checkbox"/> Scott
		<input type="checkbox"/> Washington

I. CIVIL

I wish to be listed as a Civil Mediator	YES	NO
Number of Civil cases mediated _____	Hourly rate _____	
Are you willing to travel to the parties?	YES	NO
Are you bilingual (including sign language)?	YES	NO
If yes, please list languages		

II. CIVIL MEDIATOR ISSUES

Instructions: The issues you choose to mediate will be listed on the Registry of Mediators. Please check up to ten items. You may choose entire areas of the law or individual issues.

___	I.	ALL
___	II.	TORTS
	___	Personal Injury
	___	Aviation Law
	___	Toxic Torts
	___	Wrongful Discharge, Sexual Harassment, Sexual Discrimination
	___	Civil Rights
___	III.	PROPERTY, REAL AND PERSONAL
	___	Boundary Disputes
	___	Zoning and Land Use Issues
	___	Ownership
	___	Securities Law
___	IV.	TAXATION
	___	Taxpayer Issues
	___	Commercial
	___	Personal
	___	Estate and Gift
	___	Sales and Use
___	V.	CONTRACTS
	___	Construction
	___	Employment
	___	Insurance
___	VI.	PATENT LAW
___	VII.	ENVIRONMENTAL LAW
___	VIII.	INTERNATIONAL LAW
___	IX.	ADMINISTRATIVE LAW
___	X.	ADOPTION/PROBATE/GUARDIAN/ESTATES/TRUSTS
	XI.	BUSINESS LAW

III. CIVIL MEDIATOR CHOICE OF LOCATIONS

Instructions: The Counties or Judicial Districts in which you choose to mediate in will be listed on the Registry of Mediators. Please choose any or all of the following:

<input type="checkbox"/>	ALL		<input type="checkbox"/>	Jay	<input type="checkbox"/>	Gibson
<input type="checkbox"/>	DISTRICT 1		<input type="checkbox"/>	Madison	<input type="checkbox"/>	Knox
	<input type="checkbox"/>	Jasper	<input type="checkbox"/>	Randolph	<input type="checkbox"/>	Martin
	<input type="checkbox"/>	Lake	<input type="checkbox"/>	DISTRICT 7	<input type="checkbox"/>	Perry
	<input type="checkbox"/>	LaPorte	<input type="checkbox"/>	Clay	<input type="checkbox"/>	Pike
	<input type="checkbox"/>	Newton	<input type="checkbox"/>	Parke	<input type="checkbox"/>	Posey
	<input type="checkbox"/>	Porter	<input type="checkbox"/>	Putnam	<input type="checkbox"/>	Spencer
	<input type="checkbox"/>	Pulaski	<input type="checkbox"/>	Sullivan	<input type="checkbox"/>	Vanderburgh
	<input type="checkbox"/>	Starke	<input type="checkbox"/>	Vermillion	<input type="checkbox"/>	Warrick
			<input type="checkbox"/>	Vigo	<input type="checkbox"/>	DISTRICT 14
<input type="checkbox"/>	DISTRICT 2		<input type="checkbox"/>	DISTRICT 8	<input type="checkbox"/>	Clark
	<input type="checkbox"/>	Elkhart	<input type="checkbox"/>		<input type="checkbox"/>	Crawford
	<input type="checkbox"/>	Kosciusko	<input type="checkbox"/>	Boone	<input type="checkbox"/>	Floyd
	<input type="checkbox"/>	Marshall	<input type="checkbox"/>	Hamilton	<input type="checkbox"/>	Harrison
	<input type="checkbox"/>	St. Joseph	<input type="checkbox"/>	Hancock	<input type="checkbox"/>	Orange
			<input type="checkbox"/>	Hendricks	<input type="checkbox"/>	Scott
<input type="checkbox"/>	DISTRICT 3		<input type="checkbox"/>	Johnson	<input type="checkbox"/>	Washington
	<input type="checkbox"/>	Adams	<input type="checkbox"/>	Marion		
	<input type="checkbox"/>	Allen	<input type="checkbox"/>	Morgan		
	<input type="checkbox"/>	DeKalb	<input type="checkbox"/>	Shelby		
	<input type="checkbox"/>	Huntington	<input type="checkbox"/>			
	<input type="checkbox"/>	LaGrange	<input type="checkbox"/>	DISTRICT 9		
	<input type="checkbox"/>	Noble	<input type="checkbox"/>		Fayette	
	<input type="checkbox"/>	Steuben	<input type="checkbox"/>		Franklin	
	<input type="checkbox"/>	Wells	<input type="checkbox"/>		Rush	
	<input type="checkbox"/>	Whitley	<input type="checkbox"/>		Union	
			<input type="checkbox"/>		Wayne	
<input type="checkbox"/>	DISTRICT 4		<input type="checkbox"/>	DISTRICT 10		
	<input type="checkbox"/>	Benton	<input type="checkbox"/>		Greene	
	<input type="checkbox"/>	Carroll	<input type="checkbox"/>		Lawrence	
	<input type="checkbox"/>	Clinton	<input type="checkbox"/>		Monroe	
	<input type="checkbox"/>	Fountain	<input type="checkbox"/>		Owen	
	<input type="checkbox"/>	Montgomery	<input type="checkbox"/>			
	<input type="checkbox"/>	Tippecanoe	<input type="checkbox"/>		DISTRICT 11	
	<input type="checkbox"/>	Warren	<input type="checkbox"/>			Bartholomew
	<input type="checkbox"/>	White	<input type="checkbox"/>			Brown
<input type="checkbox"/>	DISTRICT 5		<input type="checkbox"/>			Decatur
	<input type="checkbox"/>	Cass	<input type="checkbox"/>			Jackson
	<input type="checkbox"/>	Fulton	<input type="checkbox"/>			Jennings
	<input type="checkbox"/>	Howard	<input type="checkbox"/>			
	<input type="checkbox"/>	Miami	<input type="checkbox"/>			
	<input type="checkbox"/>	Tipton	<input type="checkbox"/>			
	<input type="checkbox"/>	Wabash	<input type="checkbox"/>			
			<input type="checkbox"/>	DISTRICT 12		
<input type="checkbox"/>	DISTRICT 6		<input type="checkbox"/>		Dearborn	
	<input type="checkbox"/>	Blackford	<input type="checkbox"/>		Jefferson	
	<input type="checkbox"/>	Delaware	<input type="checkbox"/>		Ohio	
	<input type="checkbox"/>	Grant	<input type="checkbox"/>		Ripley	
	<input type="checkbox"/>	Henry	<input type="checkbox"/>		Switzerland	
			<input type="checkbox"/>	DISTRICT 13		
			<input type="checkbox"/>		Daviess	
			<input type="checkbox"/>		Dubois	

EDUCATION (Bachelor Degree Information Must Be Included)		
DEGREE	YEAR OBTAINED	MAJOR AREA

PROFESSIONAL LICENSES ISSUED			
TYPE	STATE ISSUED	LICENSE NUMBER	CURRENT STATUS

COMMISSION APPROVED MEDIATION TRAINING RECEIVED *		
PROVIDER/LOCATION	TYPE (CIVIL OR DOMESTIC RELATIONS)	DATE

*Attach certificates of attendance for each program you wish the Commission to consider in determining whether to register you as a Mediator.

Have you been the subject of any disciplinary action affecting your professional license(s)? YES NO

If yes, please explain the outcome and current status for each action_____

Have you ever been an attorney licensed in Indiana? YES NO

If so, are you currently in good standing? YES NO

If no, please explain your current status _____

Have you ever resigned a professional license? YES NO

If yes, please give the name and number of the license and the circumstances of your resignation.

Have you been charged with or convicted of a crime or misdemeanor alleging fraud, dishonesty or trickery? YES NO

If yes, please explain the outcome and current status for each action.

Have you been convicted of or charged with a felony? YES NO

If yes, please explain the outcome and current status for each action.

Have you been subject to disciplinary action as a mediator in any state? YES NO

If yes, please explain the outcome and give the current status _____

Attach reference letters with this application from three references who can advise the Commission concerning your moral character and fitness to practice mediation. (These do not include relatives or schoolmates.) List the names, addresses, phone numbers and e-mail addresses of these references.

1. _____

2. _____

3. _____

I affirm, under the penalties for perjury, that the foregoing representations are true. I understand that I have a continuing duty to supplement and keep current the information provided to the Registry of Mediators.

Signature

Date

AGREEMENT, RELEASE AND AUTHORIZATION

As a condition of this Application, I agree to submit to the Indiana Commission for Continuing Legal Education any documentary or other evidence it may request in further explanation of any event occurring in my past life as to which I have within this Application made reference. Without limitation, this Agreement includes military discharge or service documents, court transcripts, records of any school or professional disciplinary proceedings, criminal and misdemeanor records, as well as both a current and any past financial statement as may be requested.

By execution of this Application I acknowledge that I have studied in their entirety the Indiana Supreme Court Alternative Dispute Resolution Rules including Rule 7, "Conduct and Discipline for Persons Conducting ADR" and I hereby agree to abide by those standards if I am registered as a mediator. All information set forth in this Application and in all supplemental pages attached thereto is true, complete, accurate, and made without reservation of any kind. The said Application contains a total disclosure of all information requested therein.

I hereby authorize all persons, firms, corporations, institutions, governments, agencies and organizations of any nature or kind to release to the Indiana Commission for Continuing Legal Education of the Supreme Court of Indiana, and to any and all of its agents or representatives, any and all information, files or records, pertaining to this Application; and to furnish any and all documents, records, information of any nature or kind; and to permit the inspection and copying of any such documents, records, or information, including but not limited to medical reports, laboratory reports, clinical reports, or any examination or examinations, consultations or tests. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them, and I also authorize any person in any capacity to offer and to give, fully and completely, either oral or written testimony concerning my Application, including information I have furnished to them.

I hereby release and waive any and all rights to said documents, reports, information, consultations, and evaluations, and I hereby fully agree that all persons in any capacity may fully disclose said information. I hereby specifically release, acquit and discharge every person in any capacity and all firms, corporations, institutions, governments, agencies and organizations from any and all liability or claims of any nature or kind growing out of any investigation of any nature or kind and the furnishing of any documents, or information, or testimony of any nature or kind to the said Commission for Continuing Legal Education of the Supreme Court of Indiana and its agents or representatives. I hereby further waive all my rights or privileges to claim any matter contained in said Application or resulting from an investigation of the undersigned as a confidential communication, and I hereby further waive and specifically release, acquit and discharge the Supreme Court of Indiana and its individual members, the Indiana Commission for Continuing Legal Education and its individual members, and any and all agents and representatives thereof from any and all claims, demands, suits, actions or proceedings for damages or other legal or equitable relief of any nature or kind that I may have as a result of submitting said Application and the resulting investigation, decision and rulings thereon.

I fully understand and agree that this Application is a continuing application and agree that if any matter contained herein shall be changed by an event or incident I will immediately notify the Indiana Commission for Continuing Legal Education of such change.

(Note: Sign and complete in your own handwriting)

Signature

Printed Name

Dated: This _____ day of

Street address, City, County, State, Zip

20____

Telephone no./alternative telephone no.

OFFICE USE ONLY

DATE RECEIVED BY COMMISSION

- ☐ Further information needed
- ☐ Refer to meeting date
- ☐ Approved
- ☐ Mediator Number (if newly assigned)
- ☐ Denied. Reference
- ☐ Fee paid amount
- ☐ Check No.
- ☐ Cash
- ☐ Civil Individual
- ☐ Civil Team
- ☐ Domestic Relations Individual
- ☐ Domestic Relations Team
- ☐ Civil Inactive Individual
- ☐ Domestic Relations Inactive Individual

DATE ACKNOWLEDGMENT LETTER SENT

INITIALS

Revised 1/10/01